

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:  
HE et al.

CASE NO.: DM-6864-A

SERIAL NO.: 09/015,002

GROUP ART UNIT: 1611

FILED: JANUARY 28, 1998

EXAMINER: UNKNOWN

FOR: AZOLO TRIAZINES AND PYRIMIDINES

Date: JUNE 5, 1998

Hon. Assistant Commissioner for Patents  
Washington, D.C. 20231**Attention: Application Processing Division  
Special Processing and Correspondence Branch**

Sir:

**SUBMISSION OF MISSING PARTS**

PURSUANT to 37 CFR 1.63 and in response to a Notice to File Missing Parts of Application mailed April 23, 1998, Applicants submit herewith a properly signed Declaration and Power of Attorney. Furthermore, please charge the surcharge in the amount of \$130.00 in accordance with 37 CFR 1.16(e) to Deposit Account No. 04-1928.

Respectfully submitted,

*Maureen P. O'Brien*Maureen P. O'Brien, Ph.D., J.D.  
Attorney for Applicants  
Registration No. P42-043

The DuPont Merck Pharmaceutical Company  
DuPont Legal Patent Records Center  
1007 Market Street  
Wilmington, DE 19898

MPO/cmc

**CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Hon. Assist. Commissioner of Patents and Trademarks, Washington, DC 20231, on this 5th day of June.

*Cathleen M. Collins* /Cathleen M. Collins

JUN 08 1998

## DECLARATION and POWER OF ATTORNEY

PRINTED NAME JC54

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## AZOLO TRIAZINES AND PYRIMIDINES

the specification of which is attached hereto unless the following box is checked:

was filed on 01/28/98 as U.S. Application No. 09/015,002 or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and having a filing date before that of the application on which priority is claimed.

Application No.	Country	Filing Date	Priority Claimed (Yes/No)
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I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

U.S. Provisional Application No.	U.S. Filing Date
60/023,290	7/24/96

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

Application No.	U.S. Filing Date	Status (patented, pending or abandoned)
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POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name:	Blair Q. Ferguson Gerald J. Boudreaux Norbert Reinert Karen H. Kondrad David H. Vance (Agent) Scott K. Larsen (Agent) Robert W. Black Maureen P. O'Brien	Registration No.:	34,329 35,073 18,926 38,212 38,644 38,532 19,688 P-42,043
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Send correspondence and direct telephone calls to:	The DuPont Merck Pharmaceutical Co. c/o E. I. du Pont de Nemours and Co. Legal - Patents 1007 Market Street Wilmington, DE 19898, U.S.A.	Tel. No. (302) 992-4528
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

## INVENTOR(S)

Full Name of Inventor	Last Name <b>HE</b>	First Name <b>LIQI</b>	Middle Name
Signature (please sign full name):			Date: <b>2/17/98</b>
Residence & Citizenship	City <b>WEST CHESTER</b>	State or Foreign Country <b>PENNSYLVANIA</b>	Country of Citizenship <b>P.R. CHINA</b>
Post Office Address	Post Office Address <b>128 SUSSEX ROAD</b>	City <b>WEST CHESTER</b>	State or Country <b>PA</b> Zip Code <b>19380</b>
Full Name of Inventor	Last Name <b>GILLIGAN</b>	First Name <b>PAUL</b>	Middle Name
Signature (please sign full name):			Date: <b>2/16/98</b>
Residence & Citizenship	City <b>WILMINGTON</b>	State or Foreign Country <b>DELAWARE</b>	Country of Citizenship <b>U.S.A.</b>
Post Office Address	Post Office Address <b>2629 PENNINGTON DRIVE</b>	City <b>WILMINGTON</b>	State or Country <b>DE</b> Zip Code <b>19810</b>

Additional Inventors are being named on separately numbered sheets attached hereto.

Full Name of Inventor	Last Name <b>CHORVAT</b>	First Name <b>ROBERT</b>	Middle Name
Signature (please sign full name): <i>Robert Chorvat</i>		Date: <b>2/13/98</b>	
Residence & Citizenship	City <b>WEST CHESTER</b>	State or Foreign Country <b>PENNSYLVANIA</b>	Country of Citizenship <b>U.S.A.</b>
Post Office Address	Post Office Address <b>1193 KILLARNEY LANE</b>	City <b>WEST CHESTER</b>	State or Country <b>PA</b> Zip Code <b>19382</b>
Full Name of Inventor	Last Name <b>ARVANITIS</b>	First Name <b>ARGYRIOS</b>	Middle Name <b>GEORGIOS</b>
Signature (please sign full name): <i>Argyros Georgios Arvanitis</i>		Date: <b>2/13/98</b>	
Residence & Citizenship	City <b>KENNETT SQUARE</b>	State or Foreign Country <b>PENNSYLVANIA</b>	Country of Citizenship <b>GREECE</b>
Post Office Address	Post Office Address <b>101 WILLOW GLEN DRIVE</b>	City <b>KENNETT SQUARE</b>	State or Country <b>PA</b> Zip Code <b>19348</b>



5/23/48



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO./TITLE

09/015,002 01/28/98 HE

MAUREEN P O'BRIEN  
THE DUPONT MERCK PHARMACEUTICAL COMPANY  
DE I DUPONT DE NEMOURS AND COMPANY  
LEGAL PATENTS 1007 MARKET STREET  
WILMINGTON DE 19898

NOT ASSIGNED

1611

**DATE MAILED:**

04/23/98

**NOTICE TO FILE MISSING PARTS OF APPLICATION**

***Filing Date Granted***

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of  \$65.00 for a small entity in compliance with 37 CFR 1.27, or  \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a  small entity (statement filed)  non-small entity is \$ 1,250.

1. The statutory basic filing fee is:

missing.  
 insufficient.

*Applicant must submit \$ \_\_\_\_\_ to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*

2. Additional claim fees of \$ \_\_\_\_\_, including any multiple dependent claim fees, are required.

\$ \_\_\_\_\_ for \_\_\_\_\_ independent claims over 3.

\$ \_\_\_\_\_ for \_\_\_\_\_ dépendant claims over 20.

\$ \_\_\_\_\_ for multiple dependent claim surcharge.

*Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.*

3. The oath or declaration:

is missing or unexecuted.  
 does not cover the newly submitted items.  
 does not identify the application to which it applies.  
 does not include the city and state or foreign country of applicant's residence.

*An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.*

4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*

5. The signature of the following joint inventor(s) is missing from the oath or declaration:

*An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.*

- 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
- 7. Your filing receipt was mailed in error because your check was returned without payment.
- 8. The application does not comply with the Sequence Rules.  
*See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."*
- 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

***A copy of this notice MUST be returned with the reply.***

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**Customer Service Center**

Initial Patent Examination Division (703) 308-1202

**PART 2 - COPY TO BE RETURNED WITH RESPONSE**

01 FC:105 130.00 CH